and the second s	+
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Anach this card to the back of the mailpiece, or on the front if space permits. 	A. Beceived by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes
1. Article Addressed to 9746-07	If YES. enter delivery address below:
* 02-284 Clear Channel Broadcasting Licenses, Inc. 200 E. Basse Road San Antonio, TX 78209	3 Service Type
San Antonio, 1X 70209	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number Co y from service Jabell PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952	
docket no. 0228	ORDER DATED 9-110-0%
CER	FCC//2-25/
MAIL	
RETURN REQUESTED	
NAME: Clear Charling Condition I'm	
2002 Dasse Ros	
Jan Arricaio, TX	78109